

**Committee on Dental Auxiliaries**

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815

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**LAW and ETHICS**  
**Re-Examination**  
**Application**

***For Official Use Only***

File # \_\_\_\_\_

Date: \_\_\_\_\_

Law: \_\_\_\_\_

Location: \_\_\_\_\_

Ethics: \_\_\_\_\_

**NO FEE REQUIRED**

Please type or print clearly			
<b>1. APPLICANT NAME:</b> Last First Middle			<b>2. Social Security Number:</b>
List other names you have ever used:			<b>3. Birthdate</b> (mo/day/yr):
<b>4. Address:</b> City State Zip			<b>5. Telephone Numbers:</b> Work ( ) Home( )
<b>6. Applying for:</b> <input type="checkbox"/> Law Exam Date: _____ <input type="checkbox"/> Ethics Exam Location: _____			
<b>7. Date and site of last examination taken:</b>			
<b>8. CRIMINAL CONVICTIONS</b> Since last filing an application, with the exception of traffic laws resulting in fines of \$300.00 or less, have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor, or felony in any state of the United States or in a foreign country? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>Note: Under the provisions of Penal Code Section 1203.4, applicants must report any convictions or pleas of nolo contendere irrespective of a subsequent order that expunges the criminal record.</b> Penal Code Section 1203.4 requires that applicants for licensure must report any conviction to any state or local licensing agency even if the conviction is dismissed. Applicants who answer "No" to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to section 480(c) of the Business and Professions Code.			
<i>If Yes to the above, give details below, or on a separate attachment.</i>			
Violation and Location	Date	Disposition of Case	
I certify under penalty of perjury under the laws of the State of California, the foregoing is true and correct.			
<b>8. Signature of Applicant:</b> _____			<b>Date:</b> _____

### **Notice of Collection of Personal Information**

**Collection and Use of Personal Information.** The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law ; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(c)) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess \$100 penalty against you.

**Contact Information.** For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 2005 Evergreen Street, Ste. 1050, Sacramento, CA 95825, 916-263-2595. For questions about Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov)